



Form CCF-PF

Surcharge for Parking Facilities in Boston, Springfield and Worcester

Rev. 8/00

**Massachusetts
Department of
Revenue**

This return is due on or before the 20th day of the month following the close of each calendar quarter. For the quarter ending

Registration Section

Name	Federal Identification number		
▶			
Address			
City/Town			
State		Zip	

Parking Facilities Surcharge in Boston, Springfield and Worcester

A separate form must be filed for each city listed below. Check applicable city where facility is located:

☐ Boston ☐ Springfield ☐ Worcester

1	Total number of vehicle days in calendar quarter. Note: "Vehicle days" shall mean each 24-hour period (or fraction thereof) that a vehicle is parked	▶ 1	
2a	Total number of vehicle days in calendar quarter for vehicles owned, rented or leased by the U.S. government and/or its instrumentalities. Note: "Vehicle days" shall mean each 24-hour period (or fraction thereof) that a vehicle is parked	▶ 2a	
2b	Total number of vehicle days in calendar quarter for vehicles owned, rented or leased by foreign diplomats and/or consular personnel. Note: "Vehicle days" shall mean each 24-hour period (or fraction thereof) that a vehicle is parked	▶ 2b	
2c	Total number of exempt vehicle days. Add lines 2a and 2b	▶ 2c	
3	Total number of vehicle days subject to surcharge. Subtract line 2c from line 1	▶ 3	
4	Surcharge rate (\$2.00)	▶ 4	\$ 2.00
5	Surcharge amount due. Multiply line 3 by line 4	▶ 5	\$
6	Penalties	▶ 6	\$
7	Interest	▶ 7	\$
8	Total amount due. Add lines 5, 6 and 7	▶ 8	\$

Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.

Signature of authorized officer	Date	Phone number	
Preparer's signature and Social Security number			
Date	<input type="checkbox"/> Check if self-employed	Employer Identification number	
Firm name (or yours, if self-employed) and address		State	Zip

File this return and payment in full with:
Massachusetts Department of Revenue
PO Box 7004
Boston, MA 02204

Make check or money order payable to: **Commonwealth of Massachusetts.**

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